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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In	re	Patent	App	lication	of
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Marcel LEISI

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For: SPRAY HEAD

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P.O. Box 2327

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AMENDMENT/SUBMISSION

Prior to examination, please amend the application as follows.

FEE CALCULATION

Any additional fee required has been calculated as follows:

X If checked, "Small Entity" status is claimed.

1,0,02,		HIGHEST NO						ADDIT.	
	AMENDMEN	T	PAID FOR	I	EXTRA PI	RESEN	JT	RATE	FEE
TOTAL	24	MINUS	20	* =		4	X	(\$9 SE or \$18)	\$ 36.00
INDEP.	1	MINUS	3	** =		0	X	(\$42 SE or \$84)	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X (\$140 SE or \$280)						\$			

^{*} not less than 20 ** not less than 3

TOTAL \$ 36.00

If any additional payment is required, a check which includes the calculated fee of \$36.00 (OFGS Check No. ____) is attached.

In the event the actual fee is greater than the payment submitted or is inadvertently not enclosed or if any additional fee during the prosecution of this application is not paid, the Patent Office is authorized to charge the underpayment to Deposit Account No. 15-0700.